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FEC FORM 1

STATEMENT OF **ORGANIZATION**

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			2015 SEP -8 An 1. 09
NAME OF COMMITTEE (in ful	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
MONUME	NT STRATE	S) RAC	
	STRATE	GIES, PAG	
ADDRESS (number and s	street) 40,25 Con	inecticut p	Wenue, NW
(Check if addition is changed)	ress Suite	1000	<i>,</i>
is changed)	Washin	ston	120036
	CITY ▲ (<i>3</i>	STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL		0.6) 4 2
(Check if adding is changed)	ress Blacki	eep 20 Pe	gawo.com
	Optional Second E-Mail A	ddress	
**************************************	. <u> </u>		
	tion of the second of the second second of the second of t	e de la company de la comp La company de la company d	Maria de la companya de la companya Maria de la companya
COMMITTEE'S WEB, PA (Check if add is changed)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	shumert-	stratesies. com
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2. DATE	1011/2015		and the second s
3. FEC IDENTIFICAT	TON NUMBER ▶ C	with the second to the second	
4. IS THIS STATEMEN	NEW (N) OR	AMENDED (A)	
I certify that I have example	mined this Statement and to the bes	st of my knowledge and belief	it is true, correct and complete.
Type or Print Name of 1	Treasurer Jonath	ian Alexa	ich
Signature of Treasurer.	JALYON	il	Date 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6
NOTE: Submission of fals		n may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109. WITHIN 10 DAYS.
Office Use		For further Information Federal Election Commis Toll Free 800-424-9530	

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TYPE OF C	COMMITTEE						
Candidate	ate Committee:						
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate							
Candidate Party Affiliati	Office State Sought: House Senate President District						
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Party Con	nmittee:						
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.						
Political A	Action Committee (PAC):						
(e)	This gommittee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is						
77 (1984)	Corporation w/o Capital Stock Labor Organization						
	Membership Organization Trade Association Cooperative						
	In addition, this committee is a Lobbyist/Registrant PAC.						
(f) 🔀	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party						
	committee. (i.e., nonconnected committee)						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fund	draising Representative:						
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.						
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
0	and the second section in this Constant						
Com	nmittees Participating in Joint Fundraiser						
1.	FEC ID number C						
2.	FEC ID number C						
3.	FEC ID number C						
4							
4.							

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Write or Type Committee N	ame 5	strutesie	S PAC	
6. Name of Any Connecte	ed Organization, Affiliated Co	mmittee, Joint Fundrais	ing Representative, o	r Leadership PAC Sponsor
		<u> </u>	<u> </u>	
Mailing Address				
				<u> </u>
	CI	TY	STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated	Committee Joint Fu	ndraising Representativ	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (pho	ne number optional) a	and position of the pers	son in possession of committee
Full Name	CONTRACTOR OF THE STATE OF THE			<u> </u>
Mailing Address		<u> </u>		
Title or Position	Cı	ry	STATE	ZIP CODE
		Teleph	none number <u>i</u>	
3. Treasurer: List the name any designated agent (e.g.	and address (phone number -	- optional) of the treasur		nd the name and address of
Full Name of Treasurer	prathan	Alexan	144	
Mailing Address	1925 W	MN. AUR	$\mu \sim 10^{11}$	
	1, 1,0,0,0 Was.		STATE	200036
Title or Position		Teleph	none number	U-L DA 327 54301

CITY

STATE

ZIP CODE

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Full Name of

BE ME SOLD PW ZE

ONUMENT STRATECHES, LLC

25 Connecticut Avenue, NW ite 1000 ishington, DC 20036 9

RECEIVED

Attn: PAC office

999 E St NW #910,

Washington, DC 20463

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Received from House Reco	rds & Registration Office	Date of Receipt
Received from Senate Publ	ic Records Office	Date of Receipt
Received from Electronic Fi	ling Office	Date of Receipt
Other (Specify):	Date	of Receipt or Postmarked
INAID		9/8
PREPARER ///	· · · · · · · · · · · · · · · · · · ·	DATE PREPARED
(3/2015)		